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RELEASE OF INFORMATION TO THIRD PARTY

I/we give Adoption Resources & Counseling, Inc. permission to release my/our home study and/or home study documents to the following:

Agency Contact	
Phone Number	
Email Address	
Physical Address	

Agency Contact	
Phone Number	
Email Address	
Physical Address	

Agency Contact	
Phone Number	
Email Address	
Physical Address	

Agency Contact	
Phone Number	
Email Address	
Physical Address	

Please Sign:

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____